



Advising the Congress on Medicare issues

Improving dialysis quality and efficiency

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Improving dialysis care

- Goal is to discuss opportunities for improving dialysis care and efficiency
- Focused on four areas: nutritional care, vascular access care, preventive services, case management
- Convened an expert panel of 10 medical providers
- Reviewed the literature

Improving nutritional care

- Proportion of dialysis patients that have protein energy malnutrition is substantial and relatively unchanged over time
- Patients with protein energy malnutrition are at higher risk of mortality and hospitalization than their counterparts

Options for improving nutritional care

- Healthy diet
 - Some patients have limited financial resources and obtaining food assistance is complex
- Dietician counseling
 - CMS's conditions for coverage requires dietetic counseling
 - Survey of dieticians reported some obstacles in their ability to furnish care
- Oral nutrition
 - Panel thought patients would benefit from oral nutrition
 - No Medicare coverage; some state programs provide coverage
 - Anti-kickback provisions limit providers' ability to furnish service free or at reduced cost
- IDPN
 - Restrictive Part B coverage but some Part D plans cover it
 - Panel thought more dialysis patients are getting IDPN that need it

Measuring nutritional status

- Measures are available to identify patients and track nutritional status
 - Serum albumin & other measures
- CMS tracks serum albumin levels nationally but not by provider

Improving vascular access care

- For all access types, complications, such as infection and sepsis, increase risk of hospitalization and mortality and are costly
- Access complications are higher for patients with a catheter than with a fistula

Options for improving vascular access care

- Routine monitoring of access type
 - Current payment includes procedures that monitor access site
- Some panel members thought that better coordination of care might decrease urgent events
 - No Medicare requirement for a vascular care coordinator
- Reduce catheter use and increase fistula use
 - Ongoing quality initiative by CMS—Fistula First

Measuring vascular access care

- Measures are available to track type of vascular access and complications
 - Catheter days
 - Rate of vascular access hospitalizations
 - Monitoring vascular access site for stenosis
- CMS measures vascular access care nationally but not by provider

Unresolved issues

- Panel disagreed about who should be held responsible if Medicare were to reward providers based on performance
 - Role of nephrologist, facility, hospital, surgeon, and interventional radiologist
 - Some patients under age 65 may have limited access to needed care until the 91st day after starting dialysis (when Medicare coverage begins)

Use of preventive services

- Panel believed that preventive services that have a positive effect on patients' survival should be promoted and identified diabetic foot checks and dental care as such services
- About half of dialysis patients are diabetic; amputations are common among dialysis patients
- Untreated dental disease is linked to poor outcomes and is a barrier to obtaining a kidney transplant

Unresolved issues

- Diabetic foot checks:
 - Consider the role of physician versus facility
 - Consider how information would be communicated to other providers
- Dental services: equity and cost issues

Case management

- Dialysis patients have multiple comorbidities
- Some hope that case management might better ensure patients get needed care and lead to improvement in outcomes
- ESRD demonstrations include case managers

Case management

- Panel believed that a case manager might be particularly needed within the first 90 days of dialysis when mortality rates spike
- Panel recognized the importance of advance care planning with dialysis patients
- CMS's Physician Quality Reporting Initiative includes a measure on advance care planning

Services discussed by expert panel

Topic	Service	Issues
Nutrition	Oral supplements	Not a Medicare-covered service Anti-kickback providers do not permit providers to give oral supplements to patients free or at reduced cost
Vascular access	Use of fistulas	Panel disagreed about who should be held responsible for vascular access selection
Preventive care	Diabetic foot checks	Consider role of physician versus dialysis facility
Preventive care	Dental exams	Not a Medicare-covered service Equity issue
Case management	Case manager during first 90 days of dialysis	Timing issue
Advance care directives	Advance care planning	PQRI measure Physicians can report measure for E&M encounters

Discussion points

- Alternative approaches to improve care
 - Medicare could require providers to furnish service and then measure and report outcomes on a provider-level basis; or
 - Medicare could measure and report outcomes
- Either approach could reward providers based on performance